

# WASHINGTON STATE INSURANCE COMMISSIONER

## REQUEST FOR COURSE AND CREDIT APPROVAL FOR CONTINUING EDUCATION

### Mailing Address

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OLYMPIA WA 98504-0257

Phone: (360) 725-7146 Fax: (360) 586-2019

### Direct Delivery

INSURANCE 5000 BLDG

5000 CAPITAL BLVD

TUMWATER WA 98501

<b>Course Title:</b> _____	
<b>Credit Hours Requested:</b> _____ <b>Ethics content hours</b> _____	
<b>COURSE NUMBER (If one assigned):</b> _____	
<b>PROVIDER NUMBER:</b> _____ <b>Provider Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State</b> _____ <b>Zip:</b> _____ <b>Telephone No.:</b> ( ) _____ <b>Contact Person:</b> _____ <b>E-Mail Address:</b> _____	<b>Course Dates:</b> _____ <b>Class Times:</b> _____ <b>Class Location/Address:</b> _____ _____ _____ _____
<b>INSTRUCTION METHOD</b>  ____ Lecture      ____ Self-Study  <b>WORD COUNT</b> _____	<b>METHOD OF DETERMINING SATISFACTORY COMPLETION OF COURSE</b>  ____ Examination ____ Attendance      ____ Other (explain) _____ _____

I AGREE to (a) to maintain an attendance record consisting of a sign in, sign out register, continuing education roster or other record of course completion as approved by the Commissioner; (b) to provide a certificate of completion only to those present for the full approved time, or who have successfully completed course requirements; and (c) to comply with regulations issued by the Office of the Insurance Commissioner regarding continuing education.

I further agree that the Certificate of Completion will be signed by the course instructor or other responsible officer of the provider signifying satisfactory completion of the course and reflecting credit hours earned. Such certificate shall be on the approved Washington certificate and completed in its entirety.

<b>NECESSARY ENCLOSURES FOR COURSE APPROVAL:</b> (1) Course outline (Broken down by time and topic) (2) Instructional material for course (text, brochures, etc.) (3) Biography of instructor/speaker	
<b>Name and Title of Responsible Person:</b> _____	
<b>Signature:</b> _____	<b>Date Submitted:</b> _____